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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 716807 (3) 95

JUL -7 AM 8:42

1. Corporation Name
FAITH TABERNACLE CHRISTIAN CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1026 N.W. EIGHTH STREET
HALLANDALE FL 33009

POST OFFICE BOX 4874
HOLLYWOOD FL 33083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1969

3a. Date of Last Report
04/22/1994

4. FEI Number
59-2760698

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, MINNIE L. (LOWE)
5726 S W 18TH ST
HOLLYWOOD FL 33023

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
POCS
LOWE (MITCHELL), MINNIE L
5726 SOUTHWEST 18TH STREET
HOLLYWOOD FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TDC
GLOVER, CLEVELAND SR.
4511 S.W. 24TH ST.
HOLLYWOOD FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VM
GREEN, WANDA
5726 SW 18TH ST.
HOLLYWOOD FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TAYLOR, VERSIE M.
212 N.W. 2ND AVENUE
HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROGERS, BESSIE L.
919 FOSTER ROAD
HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WALTERS, JIMMY
2243 SHERIDAN STREET
HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
M (Managing Director)
Joyner, James, Jr.
5726 S.W. 18th St.
Hollywood, FL 33023

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Rogers, Michael
919 Foster Road
Hallandale, FL 33009

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
Lowe, Anthenia S. m.
5726 S.W. 18th St
Hollywood, FL 33023

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
D
Cooper, Sherri D
5726 S. W. 18th St
Hollywood, FL 33023

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
D
Brown, Gertrude
730 N.W. 4th Ave. #2
Ft. Lauderdale, FL 33312

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
D
James, Charles
1411 S. 24th St
Hollywood, FL 33020

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Minnie L. Lowe - Minnie L. Lowe 2/15/95 (305) 458-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone